

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Filing at a Glance

Companies: ACE American Insurance Company, Indemnity Insurance Company of North America

Product Name: 07-CA-312	SERFF Tr Num: ACEH-125297950	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026201
Sub-TOI: 20.0001 Business Auto	Co Tr Num: 07-CA-312	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Ginny Boyles, Jill Kelly, Viola McBride	Disposition Date: 09/28/2007
	Date Submitted: 09/25/2007	Disposition Status: Approved
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007		Effective Date (Renewal): 12/01/2007

General Information

Project Name: Unintentional E&O Endorsement	Status of Filing in Domicile: Pending
Project Number: 07-CA-312	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/28/2007	
State Status Changed: 09/25/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

This endorsement provides an additional condition in the policy to the Concealment provision that unintentional failure to disclose all hazards existing upon policy inception will not prejudice the coverage afforded by the policy. DA 14672a UNINTENTIONAL ERRORS & OMISSIONS is an optional endorsement and will be used upon request of the insured/broker, primarily on our larger fortune 1000 clients.

Company and Contact

Filing Contact Information

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Jill Kelly, Regulatory Associate	jill.kelly@ace-ina.com
436 Walnut Street	(215) 640-2800 [Phone]
Philadelphia, PA 19106	(215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

Indemnity Insurance Company of North America	CoCode: 43575	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-1016108	

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
PS 00309385	\$50.00	09/18/2007

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Disposition

Disposition Date: 09/28/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	ACEH-125297950	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	AR-PC-07-026201
Company Tracking Number:	07-CA-312		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	07-CA-312		
Project Name/Number:	Unintentional E&O Endorsement/07-CA-312		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	PDF Pipeline	Approved	No
Form	Unintentional Errors & Omissions	Approved	Yes

SERFF Tracking Number:	ACEH-125297950	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	AR-PC-07-026201
Company Tracking Number:	07-CA-312		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	07-CA-312		
Project Name/Number:	Unintentional E&O Endorsement/07-CA-312		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Unintentional Errors & Omissions	DA-14672a	(09/07)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 DA-14672 (10/03) Previous Filing #:03-CA-418		DA-14672a.pdf

UNINTENTIONAL ERRORS & OMISSIONS

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

We agree with you that:

Your failure to disclose all hazards existing as of the inception date of the policy shall not prejudice you with respect to the coverage afforded by this policy, provided such failure or omission is not intentional.

Authorized Agent

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026201</i>
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/28/2007
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Comments:

Attachments:

NAIC Transmittal (AR).pdf

NAIC Forms Transmittal (AR).pdf

Satisfied -Name:	Filing Memo	Review Status:	Approved	09/28/2007
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Comments:

Attachment:

Filing Memorandum-all but KS,LA,VA.pdf

Satisfied -Name:	PDF Pipeline	Review Status:	Approved	09/28/2007
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Comments:

Attachment:

AR PDF Pipeline.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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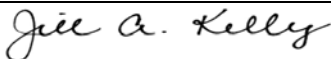
3.	Group Name	Group NAIC #
	ACE USA	626

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	ACE American Insurance Company	PA	22667	95-2371728
	Indemnity Insurance Company of North America	PA	43575	06-1016108

5.	Company Tracking Number	07-CA-312
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jill Kelly	Regulatory Associate	(215) 640-2800	(215) 640-4986	jill.kelly@ace-ina.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jill Kelly

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Automobile
10.	Sub-Type of Insurance (Sub-TOI)	Liability & Physical Damage
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12-01-2007 Renewal: 12-01-2007

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	09-25-2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	07-CA-312
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to submit a new independent company endorsement for review and approval. This endorsement provides an additional condition in the policy to the Concealment provision that unintentional failure to disclose all hazards existing upon policy inception will not prejudice the coverage afforded by the policy. DA-14672a (09/07) UNINTENTIONAL ERRORS & OMISSIONS is an optional endorsement and will be used upon request of the insured/broker, primarily on our larger Fortune 1000 clients.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: PS 00309385 Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		07-CA-312		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		NA		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Unintentional Errors & Omissions	DA-14672a (09/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DA-14672 (10/03)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

FILING MEMORANDUM

This endorsement provides an additional condition in the policy to the Concealment provision that unintentional failure to disclose all hazards existing upon policy inception will not prejudice the coverage afforded by the policy. DA-14672a (09/07) UNINTENTIONAL ERRORS & OMISSIONS is an optional endorsement and will be used upon request of the insured/broker, primarily on our larger Fortune 1000 clients. DA-14672 (10/03) was originally filed and approved under company filing # 03-CA-418.

This revised endorsement is very similar to the prior version of the form with minor verbiage changes so that it is identical to the endorsement used for this purpose under the General Liability.

There is no rate impact associated with the use of this endorsement.

We wish to begin using this endorsement effective 12/01/2007.

SERFF Tracking Number:	ACEH-125297950	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	
Company Tracking Number:	07-CA-312		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	07-CA-312		
Project Name/Number:	Unintentional E&O Endorsement/07-CA-312		

Filing at a Glance

Companies: ACE American Insurance Company, Indemnity Insurance Company of North America

Product Name: 07-CA-312

SERFF Tr Num: ACEH-125297950 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Draft

State Tr Num:

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 07-CA-312

State Status:

Filing Type: Form

Co Status:

Reviewer(s):

Authors: Ginny Boyles, Jill Kelly,
Viola McBride

Disposition Date:

Date Submitted:

Disposition Status:

Effective Date Requested (New): 12/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):

General Information

Project Name: Unintentional E&O Endorsement

Status of Filing in Domicile: Pending

Project Number: 07-CA-312

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/20/2007

Company Status Changed:

State Status Changed:

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This endorsement provides an additional condition in the policy to the Concealment provision that unintentional failure to disclose all hazards existing upon policy inception will not prejudice the coverage afforded by the policy. DA 14672a UNINTENTIONAL ERRORS & OMISSIONS is an optional endorsement and will be used upon request of the insured/broker, primarily on our larger fortune 1000 clients.

Company and Contact

Filing Contact Information

Jill Kelly, Regulatory Associate
436 Walnut Street

jill.kelly@ace-ina.com
(215) 640-2800 [Phone]

SERFF Tracking Number: ACEH-125297950 State: Arkansas
First Filing Company: ACE American Insurance Company, ... State Tracking Number:
Company Tracking Number: 07-CA-312
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: 07-CA-312
Project Name/Number: Unintentional E&O Endorsement/07-CA-312

Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
PO Box 1000 Group Code: 626 Company Type:
436 Walnut Street
Philadelphia, PA 19106 Group Name: State ID Number:
(215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Indemnity Insurance Company of North CoCode: 43575 State of Domicile: Pennsylvania
America
PO Box 1000 Group Code: 626 Company Type:
436 Walnut Street
Philadelphia, PA 19106 Group Name: State ID Number:
(215) 640-5123 ext. [Phone] FEIN Number: 06-1016108

<i>SERFF Tracking Number:</i>	<i>ACEH-125297950</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>07-CA-312</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>07-CA-312</i>		
<i>Project Name/Number:</i>	<i>Unintentional E&O Endorsement/07-CA-312</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
PS 00309385	\$50.00	09/18/2007